

**UNITED STATES DEPARTMENT OF AGRICULTURE
FACULTY EXCHANGE PROGRAM
Agricultural Economics Application**

Please include with your application:

- A copy of your international passport
- Two passport photographs
- Two letters of recommendation from private businesspersons

(the grey areas will expand as you fill them in)

I. Personal Information

Family name/Surname (as shown on your passport)

Given name/First name (as shown on your passport)

Date of Birth (Day/Month/Year)

☐ Male

☐ Female

City of Birth

Country of Birth

Country of Citizenship

Country of Legal Permanent Residence

E.mail Address

Home Address

Number and Street

Town or City

Country

Postal Code

Telephone Numbers (include city code)

Home

Office

Fax

Mobile/Cell

II. Employment Please tell us about your last three jobs, starting with your current job

1. Current Job

Dates: from to present

Name and address of university

Your title

Please describe your duties

2. Previous Job

Dates: from to

Name and address of organization

Your title

Please describe your duties

3. Previous Job

Dates: from to

Name and address of organization

Your title

Please describe your duties

III. Experience and Plans

What are your past teaching experiences in the Agricultural Economics and Marketing and Agribusiness?
(Describe the courses and adult education programs that you have taught.)

What are the courses or adult education programs that you expect to teach in the future?

What three courses do you wish to revise or create during the program?

Regarding curriculum or teaching, what specifically would you like to focus upon while in the U.S.?

Are you involved with any committees (e.g., advisory committees, curriculum reform committees, or any other policy or university committees)?

What other sort of training or experience do you hope to get while you are in the U.S. that is not available to you now?

Please list the professional contacts that you have in the United States.

Name
Address
Telephone Number
E.mail

Name
Address
Telephone Number
E.mail

Academic Education (starting with the most current)

1. Name of University or Institution

Field of study

Type of degree and date received

Title of Thesis

2. Name of University or Institution

Field of study

Type of degree and date received

Title of Thesis

3. Name of University or Institution

Field of study

Type of degree and date received

Title of Thesis

Training or study in other countries

1. Field of Study

Dates

Country

2. Field of Study

Dates

Country

3. Field of Study

Dates

Country

IV. Languages Please indicate your level of oral communication, reading capability, and writing capability on a scale of 1 to 5 where:

1 is poor

3 is average

5 is fluent

Please list all languages in which you have capabilities, with English first.

1. Language **English**

Oral Communication rating

Reading Capability rating

Writing Capability rating

2. Language

Oral Communication rating

Reading Capability rating

Writing Capability rating

3. Language

Oral Communication rating

Reading Capability rating

Writing Capability rating

V. Training Benefits:

How will you put the knowledge you gain in the U.S. into practice?

How will selecting you for study in the U.S. help your country?

Faculty Exchange Program Conditions of Training

If I am accepted to receive training under the U.S. Department of Agriculture (USDA) Faculty Exchange Program (FEP), I agree to adhere to my arranged program, to devote my time and attention to my studies and practical training, and to conform to FEP regulations and procedures for the duration of my training program. I will not seek extension of the period of my program but will return to my country without delay upon completion of my training acquired under this program. I agree to return to my university to teach for a minimum of 2 years. I also agree to conform to all of the laws of the United States.

Furthermore, I understand and agree to the following policies of the Faculty Exchange Program:

I. Dependents

USDA strongly discourages family members from accompanying or joining a participant while they are in the U.S. on the program. The Faculty Exchange Program is not responsible in any way for family members. If dependents do wish to come to the U.S., the participant is responsible for showing proof of health insurance coverage that equals or exceeds the coverage required by U.S. visa regulations.

II. Attendance of Participants at Conferences and Meetings

Attendance of participants at national or international conferences, conventions, or meetings of professional, trade, or other associations is not permitted unless such attendance is a part of the approved Faculty Exchange Program.

III. Conditions for Termination of Training Programs

USDA reserves the right to terminate the training program of those participants who:

- Change the course of study without authorization from the USDA Faculty Exchange Program, or
- Fail to show sufficient interest in or to pursue effectively their training program, or
- Have severe mental or physical health problems, or
- Conduct themselves in a manner prejudicial to the program or to the laws of the United States, or
- Marry during training without securing prior USDA approval, or
- Have falsified information on the application and/or supporting documents, or
- Fail to maintain health insurance for dependents in U.S., or
- Accept payment for work performed while in the U.S.

IV. Travel

If selected, the participant will travel on the tickets and according to the arrangements made by the USDA. The USDA will pay for round-trip transportation to and from the participant's country's capital city to the United States. The participant is responsible for all costs associated with traveling to and from their home to the capital city at the beginning and end of the program.

V. Financial Support

The applicant is aware that the financial support provided by the USDA Faculty Exchange Program is for training fees, emergency medical insurance, lodging, food, and incidentals only. USDA does not fund any expenses related to family members accompanying participants. During the program lodging is arranged by the USDA. You will share a bedroom with another participant during your stay in the U.S.

Participants are not allowed to earn wages or a salary from work performed in the U.S. during their stay under this program.

VI. Health and Insurance

It is a requirement that every participant have a physical examination prior to their arrival in the United States and be determined to be in excellent health. Those accepted into the program are responsible for arranging and paying for a physical examination. A form will be provided by the USDA during in-country interviews. Those accepted will be instructed to have this form completed and signed by a qualified physician certifying that the participant is in good health.

The insurance provided to each participant while in the United States will cover only emergency medical care. **This insurance does not cover** pre-existing conditions, prescriptions, or dental or optical work. In addition, the participant must pay a percentage of medical expenses for each occurrence.

VII. Debts and Obligations

The participant will be responsible for all debts and financial obligations incurred while in the United States.

Sign below to indicate your understanding of and agreement to the above conditions:

Applicant's Name (printed)

Applicant's Signature

Date

**The United States Department of Agriculture
Faculty Exchange Program
in Agricultural Economics**

Dear Rector or Dean:

In what way would the participation of this applicant be advantageous to your university?

What would you like the applicant to accomplish while they are in the United States on the Faculty Exchange Program?

How will their suggestions and ideas be considered and implemented?

Name of Rector or Dean

Signature of Rector or Dean

Date

**The United States Department of Agriculture
Faculty Exchange Program
In Agricultural Economics**

Dear Vice Rector or Vice Dean:

Which skills and understandings of your recent graduates are most in need of strengthening?

Regarding curricula development, what would you like the applicant to accomplish while they are in the United States under the Faculty Exchange Program?

Name of Vice Rector or Vice Dean

Signature of Vice R. or Vice D.

Date

**The United States Department of Agriculture
Faculty Exchange Program
in Agricultural Economics**

Dear Department Head:

How will you adjust and manage the operation of your department while the applicant is in the United States?

In what way would the participation of this applicant be advantageous to your Department?

What elements of agricultural economics and related areas do you want the applicant to focus upon while they are in the U.S.?

What aspects of curricula development do you want the applicant to focus upon while they are in the U.S.?

Name of Department Head

Signature of Department Head

Date

**The United States Department of Agriculture
Faculty Exchange Program
in Agricultural Economics**

Dear Supervisor:

What are some of the professional strengths of this applicant?

What do you want the applicant to focus upon while in the United States?

Name of Supervisor

Signature of Supervisor

Date

**Letter of Commitment
from**

(Name of University)

**to the
United States Department of Agriculture
Faculty Exchange Program**

The university administrators who have signed below commit themselves to releasing (name of applicant) to go to the United States if selected by the Department of Agriculture to participate in the Faculty Exchange Program. The university administration agrees to continue to pay the participant their full salary while they are participating in the Faculty Exchange Program.

The university administration authorizes the participant to bring copies of the university's curricula, course outlines, and teaching materials to the U.S. to be used by the participant for review, study, and comparison.

The university understands and accepts that the participant will develop proposals and try to suggest changes that they believe will improve this university's curricula, courses, and teaching methods.

The university administration agrees to consider in good faith proposals for change and to create opportunities for returning participants to share these ideas with other instructors at your university.

The university administration promises to guarantee continued employment at a position of the same or improved responsibility to the participant when they return from the U.S.

Please sign:

Rector or Dean _____

Vice Rector or Vice Dean _____

Department Head _____

Supervisor _____

Date: _____